JAN 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44924

File No. 5508

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City, Mo (No. 2501 Hospital St. Ward) — Hosp. Lafayette

2. FULL NAME: Clyde Parks Ireland

(a) Residence. No. 578 Maple St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Mrs. Sadie Ireland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	27	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Express Messenger
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: K.C. Southern

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mooresville Mo.

PARENTS

10. NAME OF FATHER: Jasper Ireland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): — Kentucky

12. MAIDEN NAME OF MOTHER: Jennie Parks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): — Missouri

14. INFORMANT: Daughter
(Address): 578 Maple Blvd - KC Mo.

15. FILED: Dec 27, 1936 M. M. Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1936

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1936, to Dec. 22, 1936, that I last saw h. alive on Dec 22, 1936, and that death occurred, on the date stated above, at 9 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
Empyema

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at residence
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Dec 22, 1936
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Neiland H. Hines D.O., M.D.
12-22, 1936 (Address) 2105 Independence Ave KC, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chillicothe Mo — DATE OF BURIAL: 12-24 1936

20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.